

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece or on the front if space permits.

## 1. Article Addressed to:

Alabama Dept. of Transportation  
1409 Coliseum Blvd.  
Mont., AL 36130-  
6350

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Daphne Wood*

☐ Agent☐ Addressee

## B. Received by (Printed Name)

*Daphne Wood*

## C. Date of Delivery

*3-2-06*

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

*STC*

MAR 02 2006

*2:00 PM 118-10K*

## 3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## 2. Article Number

(Transfer from service label)

7003 2260 0005 4584 5548

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540